

Article - Health - General

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§19–111.

- (a) (1) In this section the following words have the meanings indicated.
- (2) “Fund” means the Maryland Health Care Commission Fund.
- (3) “Health benefit plan” has the meaning stated in § 15–1201 of the Insurance Article.
- (4) “Health care practitioner” means any individual who is licensed, certified, or otherwise authorized under the Health Occupations Article to provide health care services.
- (5) “Nursing home” means a related institution that is classified as a nursing home.
- (6) “Payor” means:
 - (i) A health insurer or nonprofit health service plan that holds a certificate of authority and provides health insurance policies or contracts in the State in accordance with this article or the Insurance Article; or
 - (ii) A health maintenance organization that holds a certificate of authority in the State.
- (b) Subject to the provisions of subsection (d) of this section, the Commission shall assess a fee on:
 - (1) All hospitals;
 - (2) All nursing homes;
 - (3) All payors; and
 - (4) All health care practitioners.
- (c) (1) The total fees assessed by the Commission may not exceed \$16,000,000.

(2) (i) The fees assessed by the Commission shall be used exclusively to cover the actual documented direct costs of fulfilling the statutory and regulatory duties of the Commission in accordance with the provisions of this subtitle.

(ii) The costs of the Commission include the administrative costs incurred by the Department on behalf of the Commission.

(iii) The amount to be paid by the Commission to the Department for administrative costs, not to exceed 30.5% of the salaries of the Commission, shall be based on indirect costs or services benefiting the Commission, less overhead costs paid directly by the Commission.

(3) The Commission shall pay all funds collected from the fees assessed in accordance with this section into the Fund.

(4) The fees assessed may be expended only for purposes authorized by the provisions of this subtitle.

(5) The amount in paragraph (1) of this subsection limits only the total fees the Commission may assess in a fiscal year.

(d) In determining assessments of the total fees, the Commission shall:

(1) Use a methodology that accounts for the portion of the Commission's workload attributable to each industry assessed; and

(2) Recalculate workload distribution every 4 years.

(e) (1) The fees assessed in accordance with this section on health care practitioners shall be:

(i) Included in the licensing fee paid to the health care practitioner's licensing board; and

(ii) Transferred by the health care practitioner's licensing board to the Commission on a quarterly basis.

(2) The Commission may adopt regulations that waive the fee assessed under this section for a specific class of health care practitioners.

(3) (i) Subject to subparagraph (ii) of this paragraph, the Commission shall adopt regulations to permit a waiver of the fee assessment requirements for certain health care practitioners.

(ii) In adopting regulations to permit a waiver of the fee assessment requirements for certain health care practitioners, the Commission shall:

1. Consider the hourly wages of the health care practitioners; and

2. Give preference to exempting health care practitioners with an average hourly wage substantially below that of other health care practitioners.

(f) (1) There is a Maryland Health Care Commission Fund.

(2) The Fund is a special continuing, nonlapsing fund that is not subject to § 7–302 of the State Finance and Procurement Article.

(3) The Treasurer shall separately hold, and the Comptroller shall account for, the Fund.

(4) The Fund shall be invested and reinvested in the same manner as other State funds.

(5) Any investment earnings shall be retained to the credit of the Fund.

(6) The Fund shall be subject to an audit by the Office of Legislative Audits as provided for in § 2–1220 of the State Government Article.

(7) This section may not be construed to prohibit the Fund from receiving funds from any other source.

(8) The Fund shall be used only to provide funding for the Commission and for the purposes authorized under this subtitle.

(g) The Commission shall:

(1) (i) Assess fees on payors in a manner that apportions the total amount of the fees to be assessed on payors under subsection (d)(1) of this section among each payor based on the ratio of each payor's total premiums written in the State for health benefit plans to the total written premiums of all payors written in the State; and

(ii) On or before June 30 of each year, assess each payor a fee in accordance with item (i) of this item;

(2) (i) Assess fees for each hospital equal to the sum of:

1. The amount equal to one-half of the total fees to be assessed on hospitals under subsection (d)(1) of this section times the ratio of admissions of the hospital to total admissions of all hospitals; and

2. The amount equal to one-half of the total fees to be assessed on hospitals under subsection (d)(1) of this section times the ratio of gross operating revenue of each hospital to total gross operating revenues of all hospitals;

(ii) Establish minimum and maximum assessments; and

(iii) On or before June 30 of each year, assess each hospital a fee in accordance with item (i) of this item; and

(3) (i) Assess fees for each nursing home equal to the sum of:

1. The amount equal to one-half of the total fees to be assessed on nursing homes under subsection (d)(1) of this section times the ratio of admissions of the nursing home to total admissions of all nursing homes; and

2. The amount equal to one-half of the total fees to be assessed on nursing homes under subsection (d)(1) of this section times the ratio of gross operating revenue of each nursing home to total gross operating revenues of all nursing homes;

(ii) Establish minimum and maximum assessments; and

(iii) On or before June 30 of each year, assess each nursing home a fee in accordance with item (i) of this item.

(h) (1) On or before September 1 of each year, each payor, hospital, and nursing home assessed under this section shall make payment to the Commission.

(2) The Commission shall make provisions for partial payments.

(i) Any bill not paid within 30 days of the payment due date may be subject to an interest penalty to be determined and collected by the Commission.

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